

Name
in
Full

G Washington Blakes

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Hans House Town

County

MARYLAND

Date Month Day Years Months Days
of death 1906 May 13 78 — —

Sex Male Color or Race Negro

Birth-place 2nd St. So.

Occupation Where Residing if not
at place of death

Married, Single or Widowed No Name of Wife or Husband —

Father's Name Don't Know Father's Birthplace —

Mother's Maiden Name " Mother's Birthplace —

Name of person giving information Wm Lester How related to deceased —

CAUSES OF DEATH

Primary Paralysis How long 2 weeks

(6)

How long

Immediate Yes

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

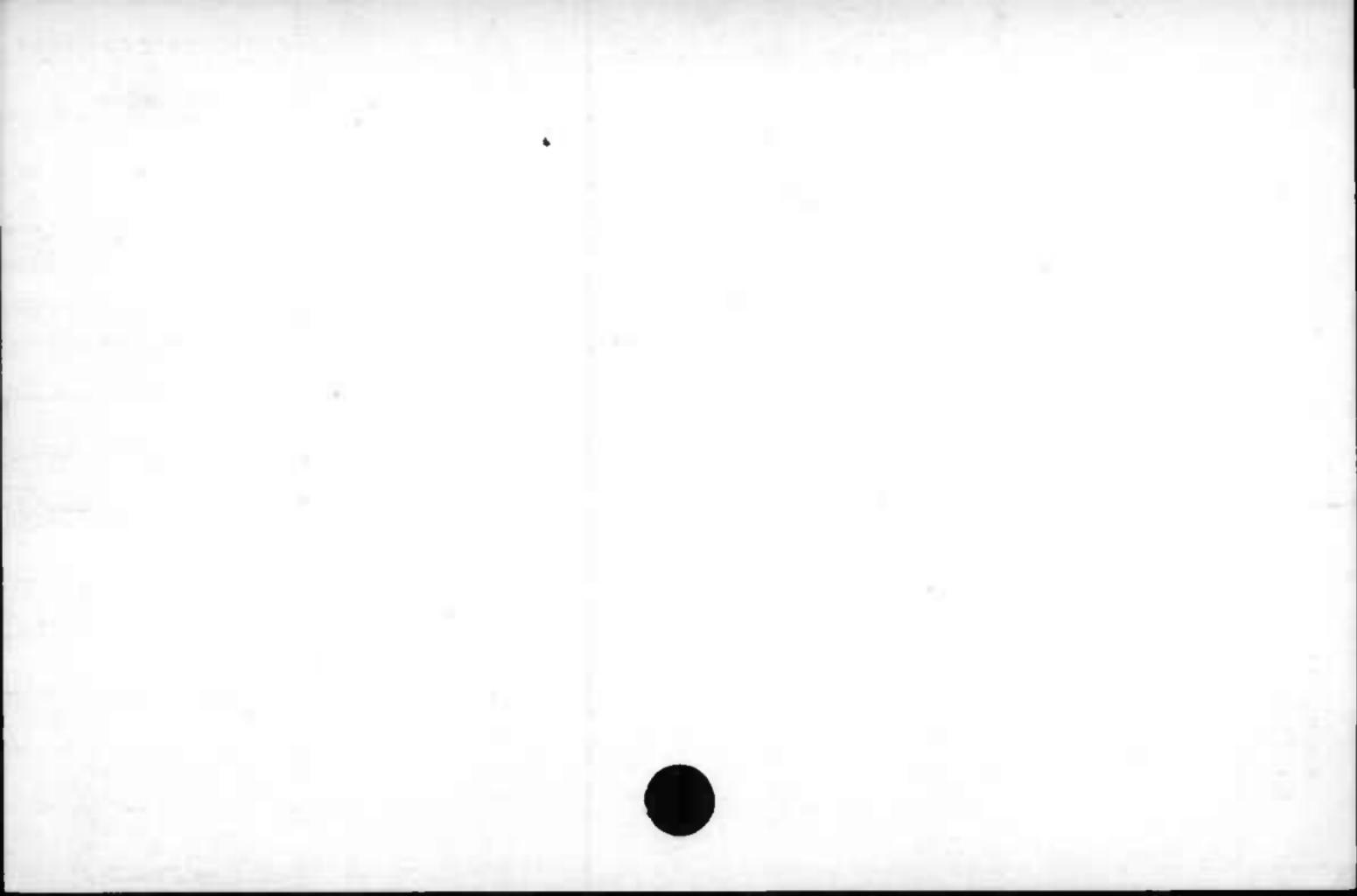
J A Stoltz

Address

Centreville Md
Proprietary Hospital No 5

PHYSICIAN
OR CORONER

Accident or Suicide? —



Name
in
Full

John Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Negro	Birth-place	Unknown
Occupation	Where Residing if not at place of death				
Married, Single	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	John Lester		How related to deceased None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Strikessing

(69)

How long

from Infancy

Immediate

Fits

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

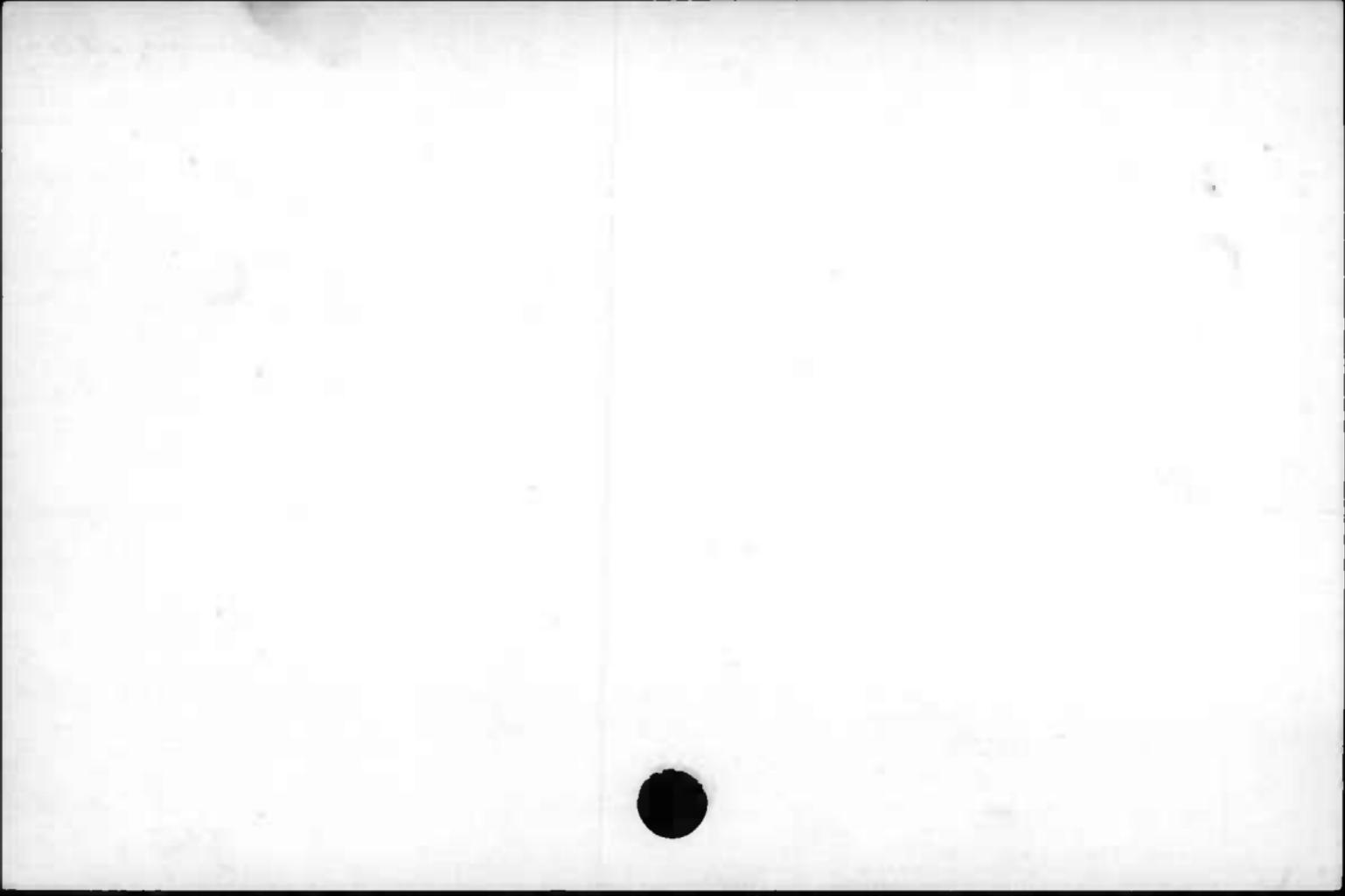
Signature of Physician

J. H. Nolton

Address

Centreville Maryland

Accident or Suicide?



Name
in
Full

Annie M. Bowser

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Centreville	S. A.D.	Months	Days	—
Date of death 1906 May 28	Age 60	—	—	
Sex Female	Color or Race Colard	Birth-place S.A.D.		
Occupation Laundry	Where Residing if not at place of death	Centreville		
Married, Single or Widowed Widowed	Name of Wife or Husband Horris Bowser	Father's Birthplace		
Father's Name Robert Glears	Mother's Birthplace	Q.C. 80.		
Mother's Maiden Name Annie M. Glears	How related to deceased Son			
Name of person giving information Robert Bowser				

CAUSES OF DEATH

Primary	Organic Heart	(nq)	How long	4 or 5 yrs
Immediate	Heart Failure		How long	2 minutes

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

J.W. Draw

Address

Centreville

Accident or Suicide?

No

38

10 A
11

Name
in
Full

Hattie Brown

CERTIFICATE OF DEATH

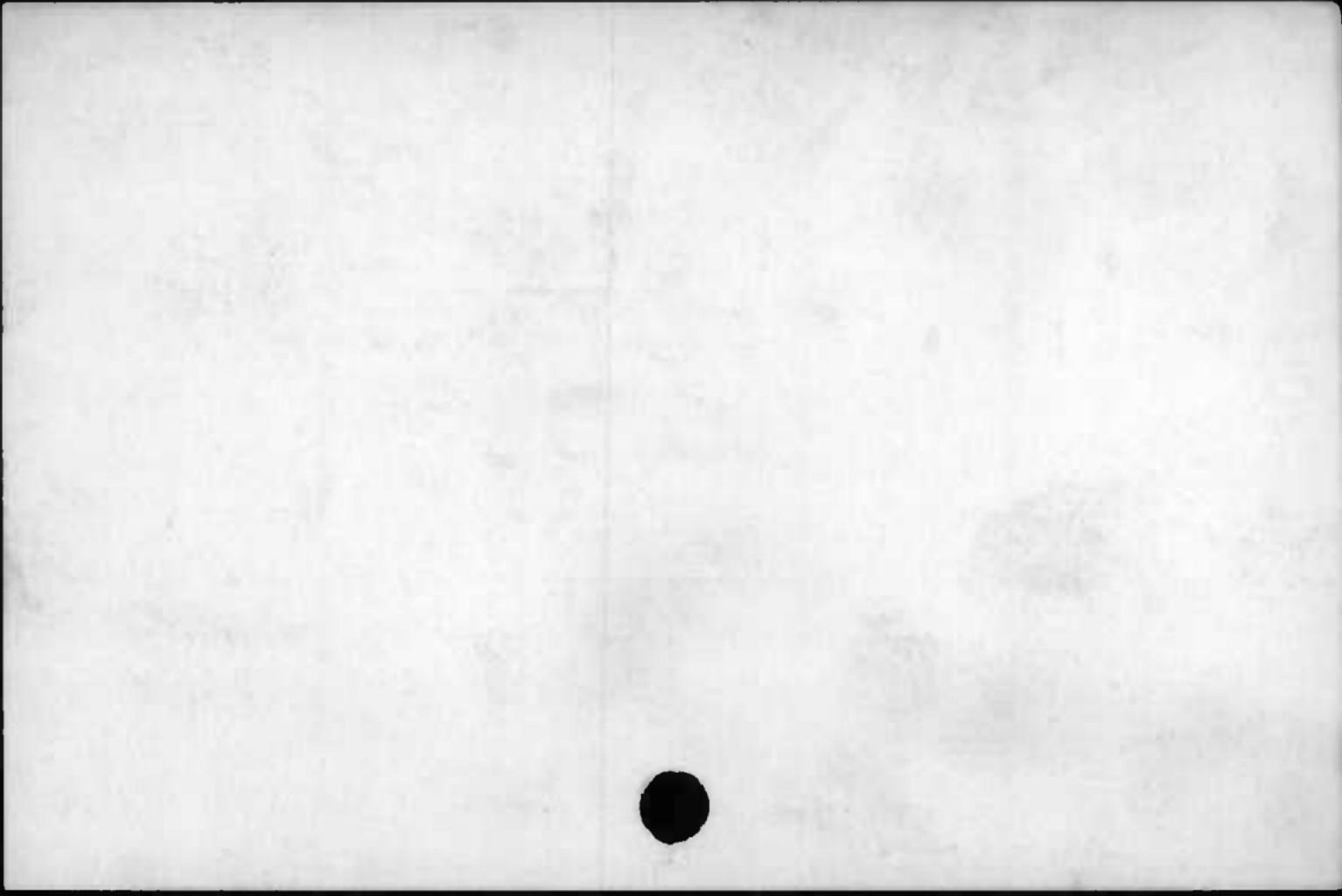
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1906	May	12	9	4	
Sex	Color or Race	Birth-place			
Female	Colored	Queen Anne Co.			
Occupation	Where Residing If not at place of death				
Child	Athome -				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Wm H. Brown	Father's Birthplace	Queen Anne Co.		
Mother's Maiden Name	Mary Thomas	Mother's Birthplace	Lancaster Co.		
Name of person giving information	Wm H. Brown	How related to deceased	Father.		

CAUSES OF DEATH

Primary	Measles	(21)	How long	one week.
Immediate	Pneumonia		How long	3 months.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Byng Simmons	
		Address	Chesertown, Md.	
Accident or Suicide?	No.			



Full

TO BE ANSWERED BY

NEAREST FRIEND

Mrs Sadie M Byson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Church Hill	Queen Anne				
Date of death	Month	Day	Years	Months	Days
1906	May	24	40	8	27
Sex	Color or Race	Birth-place			
Female	white	Ind			
Occupation	Where Residing if not at place of death				
Housewife	At place of death				
Married, Single or Widowed	Name of Wife or Husband				
Married	Jessie H. Byson				
Father's Name	Sympathetic R. Bennett	Father's Birthplace	Ind		
Mother's Maiden Name	Sarah E. Sparks	Mother's Birthplace	Ind		
Name of person giving information	Jessie H. Byson	How related to deceased	Husband		
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

8 months

Immediate

Exhalation

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

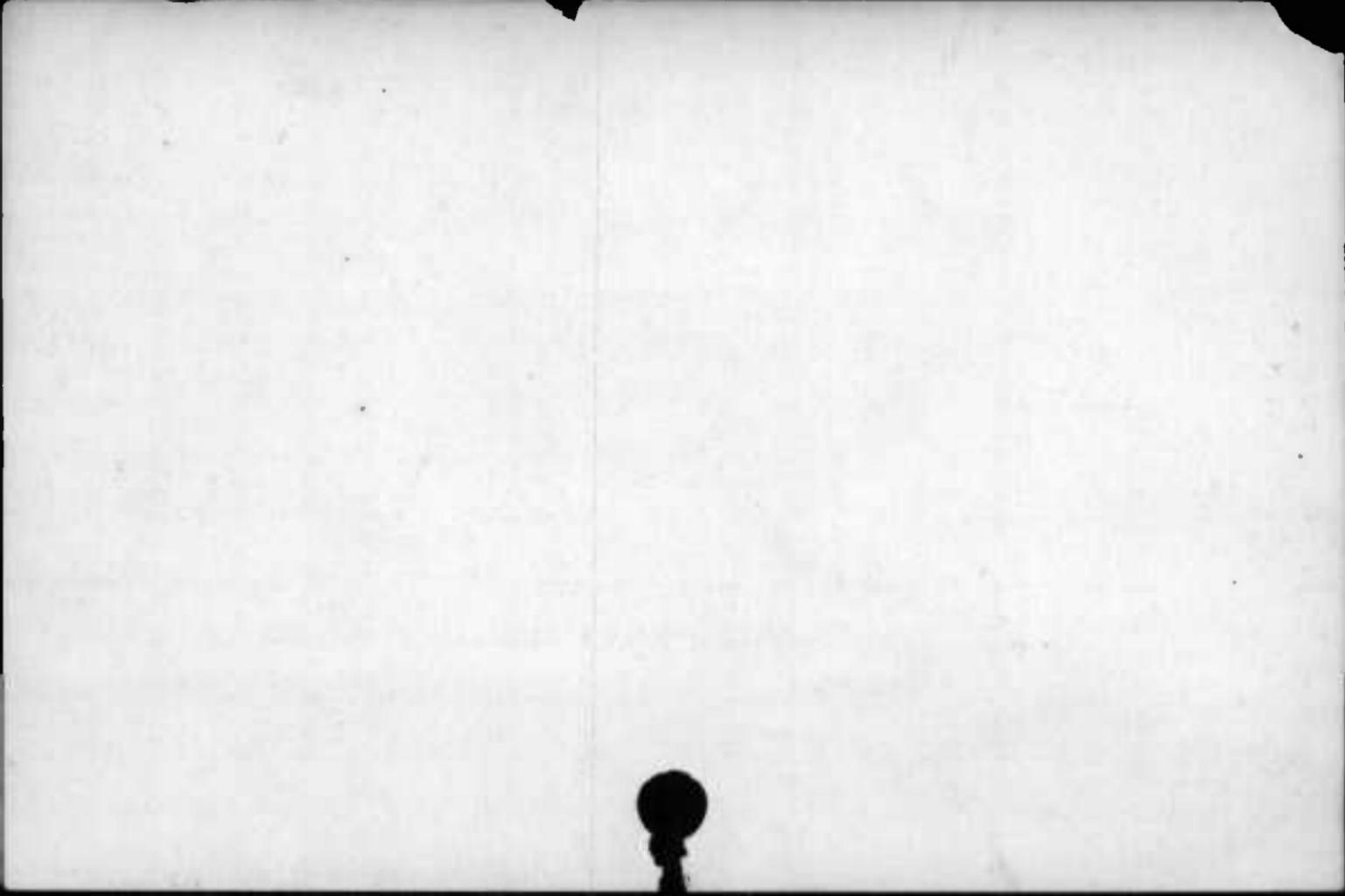
Yes

Signature of Physician

Address

J. G. Cappoge
Church Hill
Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race				Birth- place	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?		



Mary Jane Donmond
Geo. County, Maryland

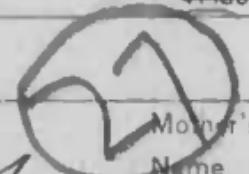
Died at MARYLAND

Died at Geo. County, Maryland	Month May	Day 27th	Y. M. D.	Native of Delaware	Occupation Housewife
Date 1956	Age 61 years		Married	Widow	Divorced
Male			Single	Widower	Number of children living One
Female	Colored				

Husband
at

Wife

Father's
Name



Mother's
Name

Cause of

Primary

fulmonary tubercles

How long sick

Death

Immediate

I have seen or heard
of recent or recent
accident, suicide, homicide

Accident, Suicide, Homicide

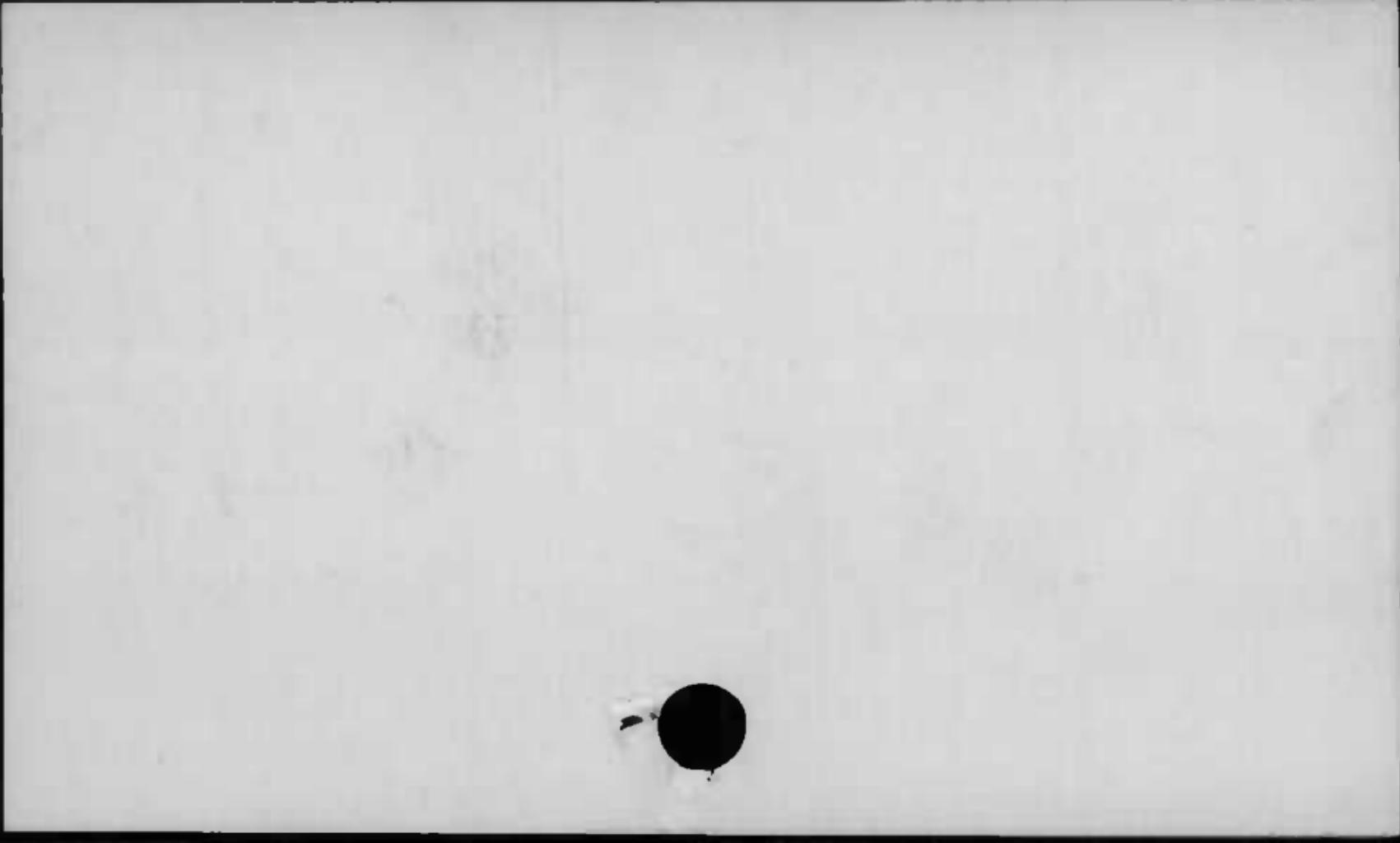
Reported by

Mrs. Meadow

Address

Gloucester Hill, Gloucester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah J^t Emory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age		
Occupation	Waver	Where Residing If not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Sarah Conroy			Father's Birthplace	Feb 20
Mother's Maiden Name	a R Conroy			Mother's Birthplace	11 "
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(66)

How long

West

Immediate

Are the name, age, sex, color, date and place correctly given above?

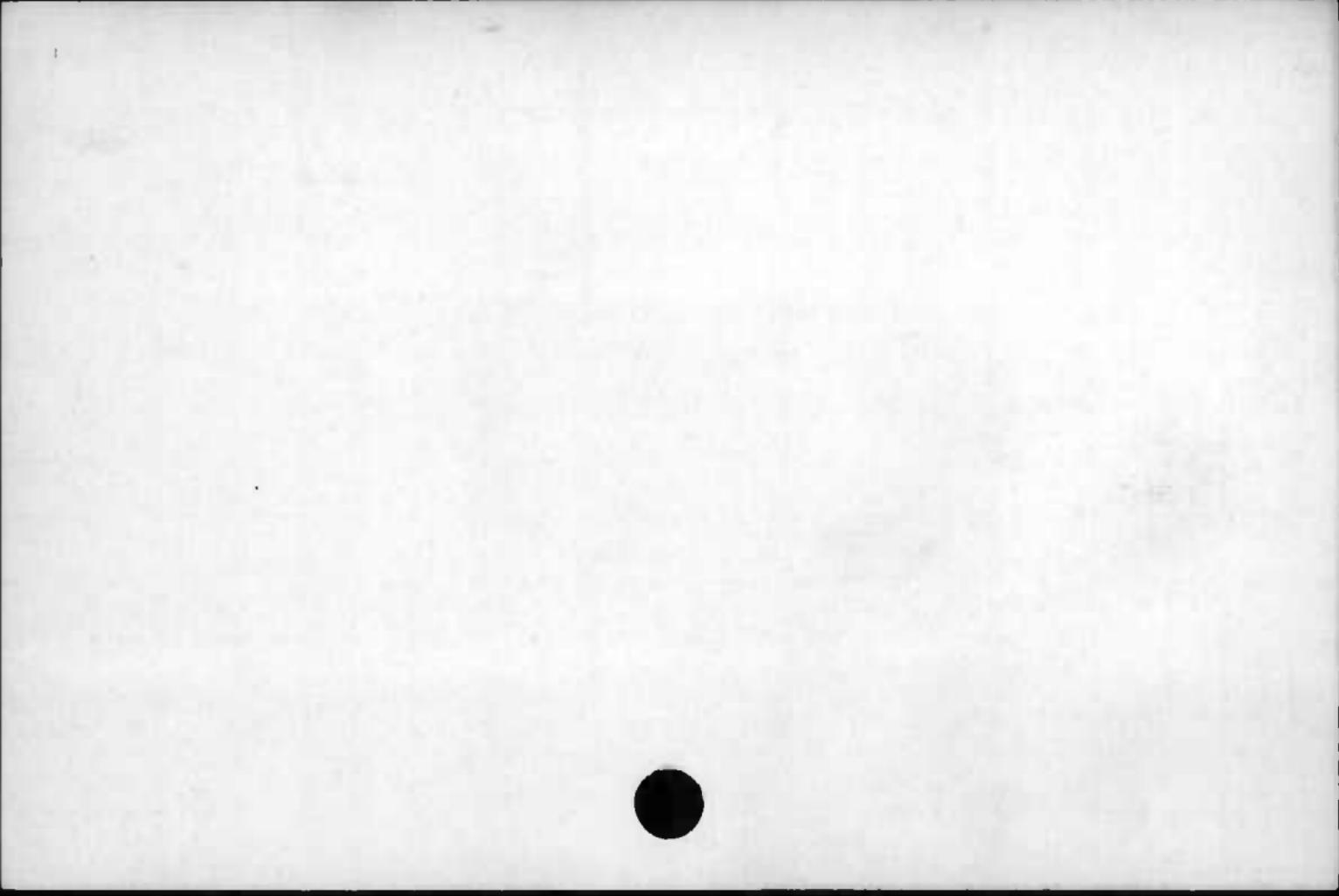
Signature of Physician

a Conroy S

Address

yes

Accident or Suicide?



Name
in
Full

Mossy Haley

CERTIFICATE OF DEATH

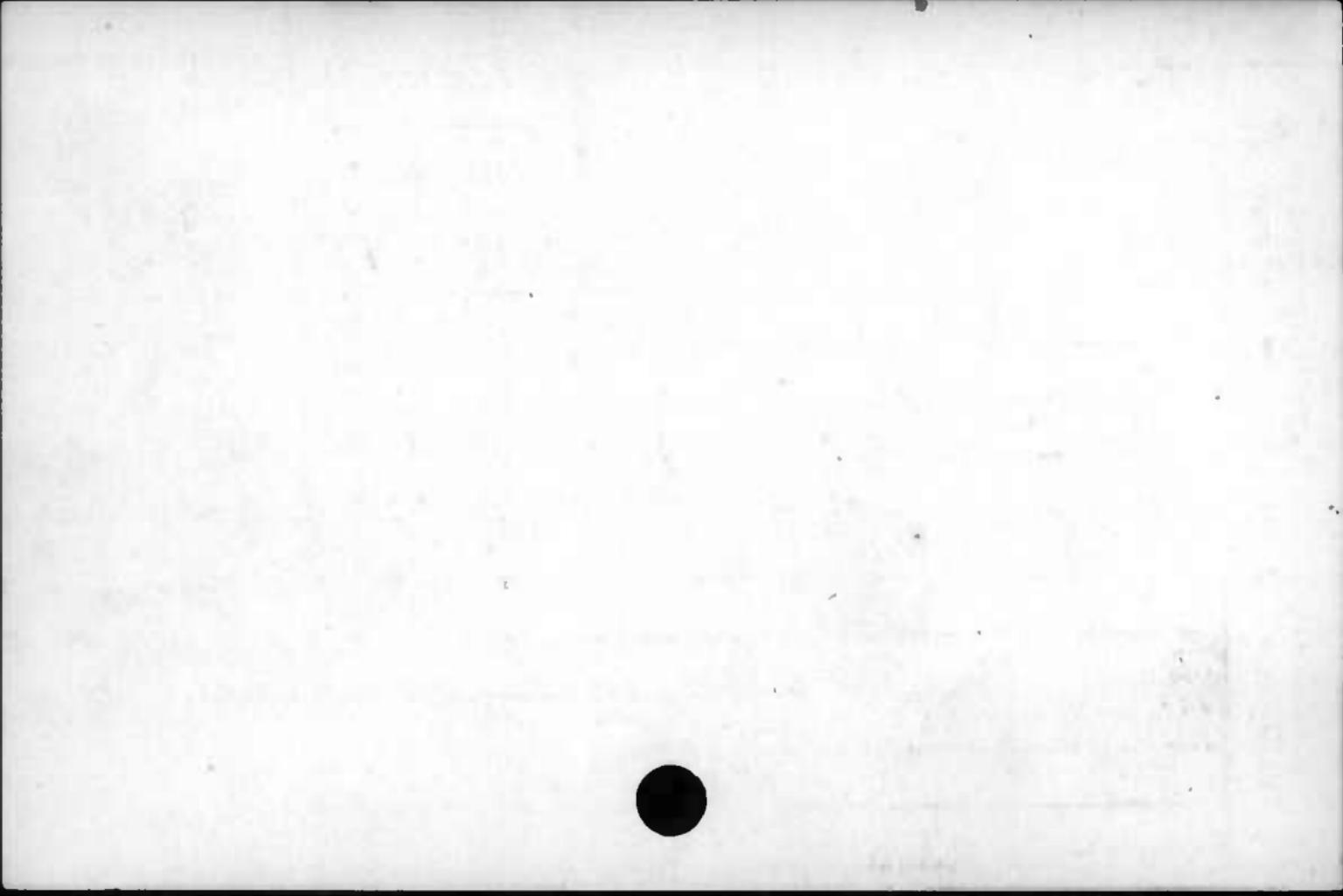
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Ralphs	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	Birth-place	Ralphs
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Haley					
Mother's Maiden Name	Maude McGehee					
Name of person giving information	Dr. T. S. Dadby					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	150	How long
Immediate	Exhaustion	150	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N. S. Dadby MD
		Address	
Accident or Suicide?			



Name
in
Full

Alexander Sandy Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alexander Sandy				
Mother's Maiden Name	Elizabeth Hater				
Name of person giving Information	Alexander Sandy				
Father's Birthplace	Hope, Md.				
Mother's Birthplace	Baltimore, Md.				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

} Convulsions

71

How long

} 5 minutes

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

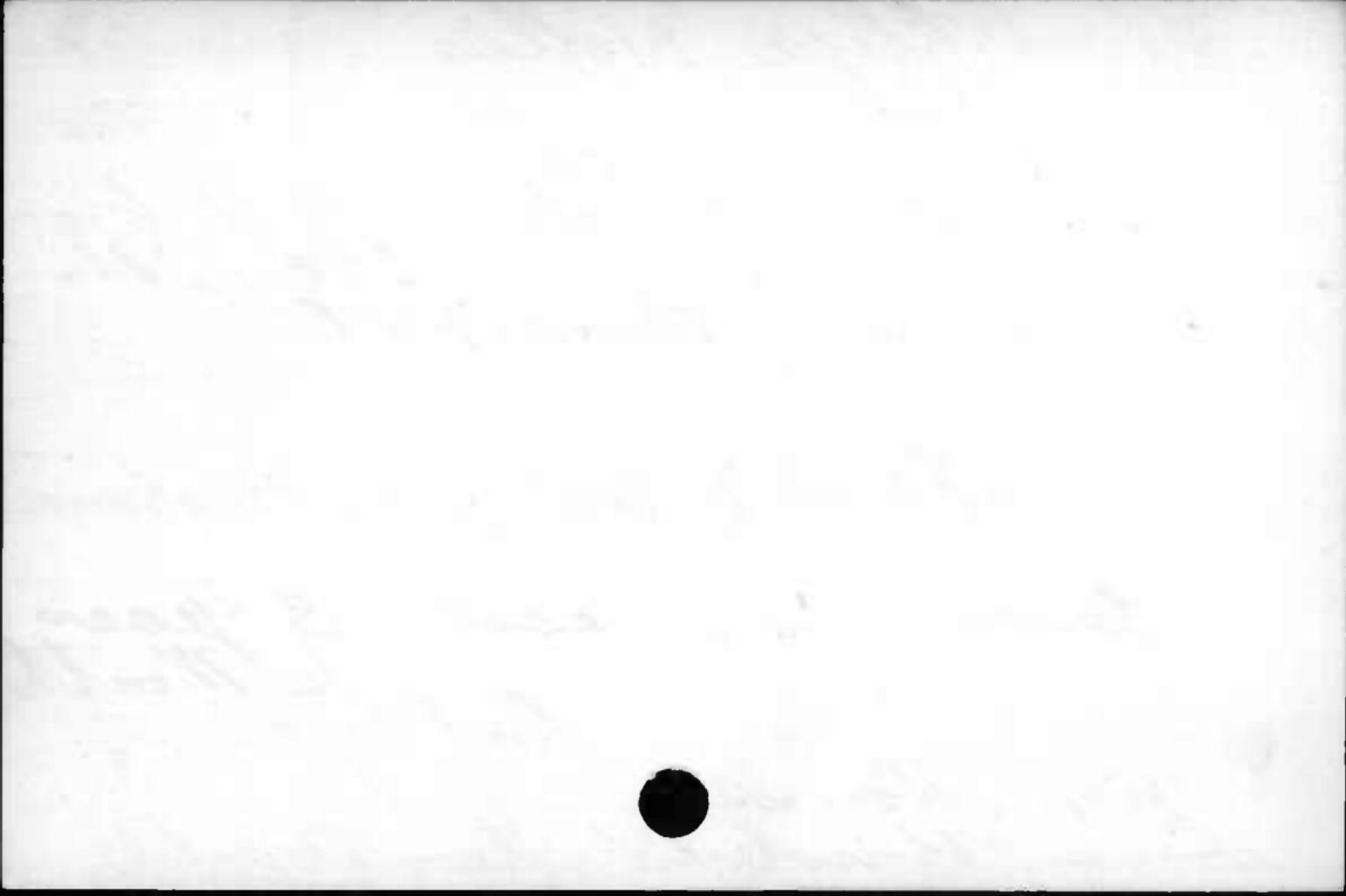
Signature of Physician

Walter S. Gerby

Address

Ruthsburg,
Md.

Accident or Suicide?



Name
in
Full

Sarah Eliza Hollis ^{5/17/14} X CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

near Town.		County		MARYLAND		
Died at	Centreville	I. A.				
Date of death	Month	Day	Years	Months	Days	
1906	May	3	Age 58			
Sex	Color or Race	Birth- place		J. A. 60		
Female	Black	near Centreville				
Occupation	House work	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Thomas Hollis		
Father's Name	—		Father's Birthplace			
Mother's Maiden Name	—		Mother's Birthplace			
Name of person giving Information	Thomas W. Hollis		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer in Breast	How long	3 years
Immediate	(X) 3	How long	6 Months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	No Physician	
Jos. G. Dawson	Address		
Accident or Suicide?	Unrelated, Centreville		



Name
in
Full

James H. Jarrell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Queen Anne's			MARYLAND		
Died at Farm near St. Marys	Month May	Day 30	Years 69	Months 7	Days 5	
Date of death 1906	Age	Color or Race white	Birth-place Delaware			
Sex male	Occupation Farmer	Where Residing if not at place of death on farm				
Married, Single or Widowed	Name of Wife or Husband Mary C. Jarrell					
Father's Name John Jarrell	Father's Birthplace don't know					
Mother's Maiden Name Bastick	Mother's Birthplace don't know					
Name of person giving information widow, Mary C. James	How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arteric Insufficiency

79

How long

2 1/2 yrs

Immediate Heart Failure

How long

suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

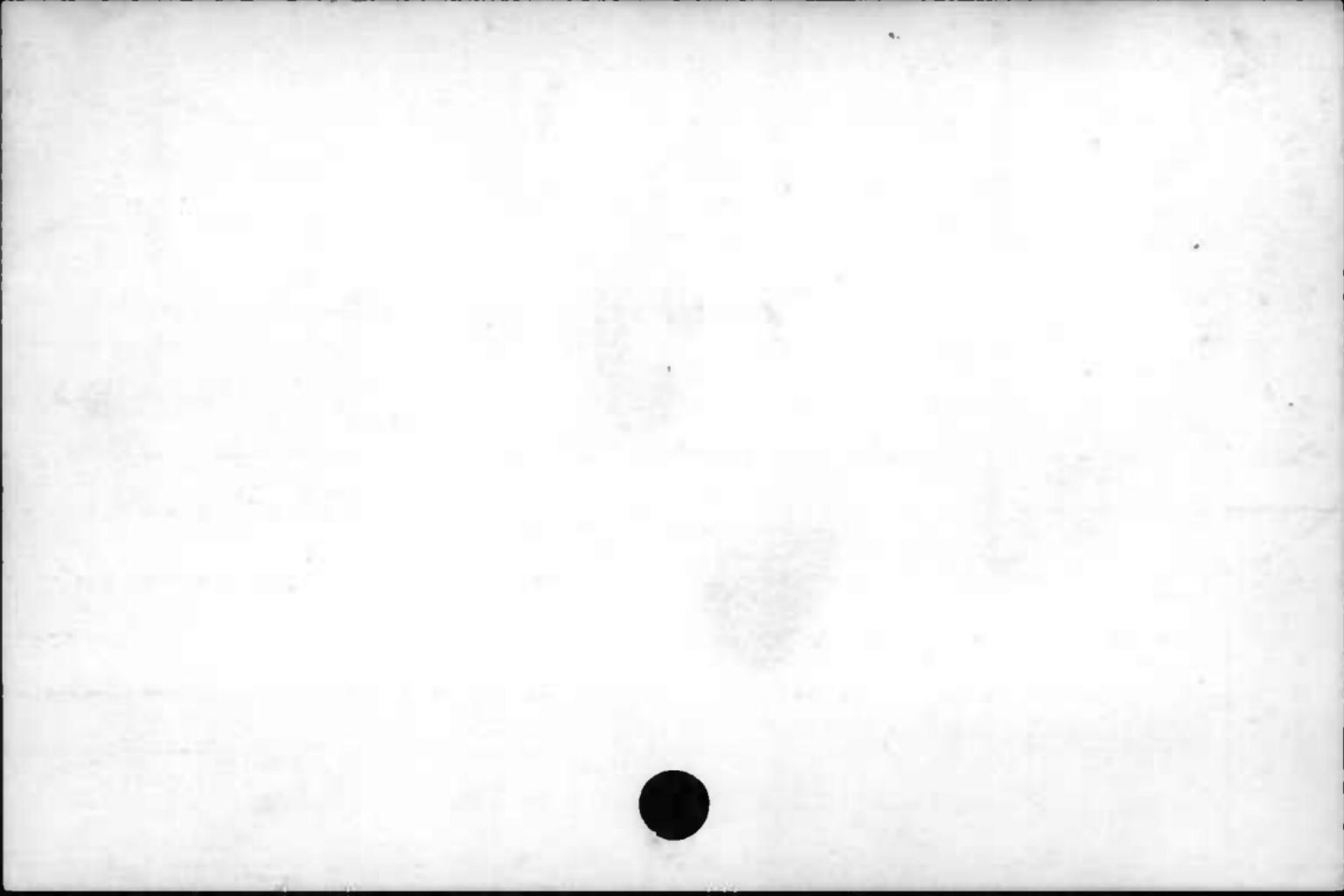
J. M. Doherty M.D.

Address Ceciliaville

Accident or Suicide?

no

Queen Anne's Co.



Name
in
Full

No name Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month May	Day 15 th	Years 1 day
Sex Male	Color or Race Black	Occupation	Birth-place That Island
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name Harry King	Father's Birthplace That Island		
Mother's Maiden Name Edna Brown	Mother's Birthplace Sharptown, Md.		
Name of person giving information Louisa Green	How related to deceased No relation		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Do not know	(19)	How long
Immediate	" "		How long

Are the name, age, sex, color, date and place correctly given above?

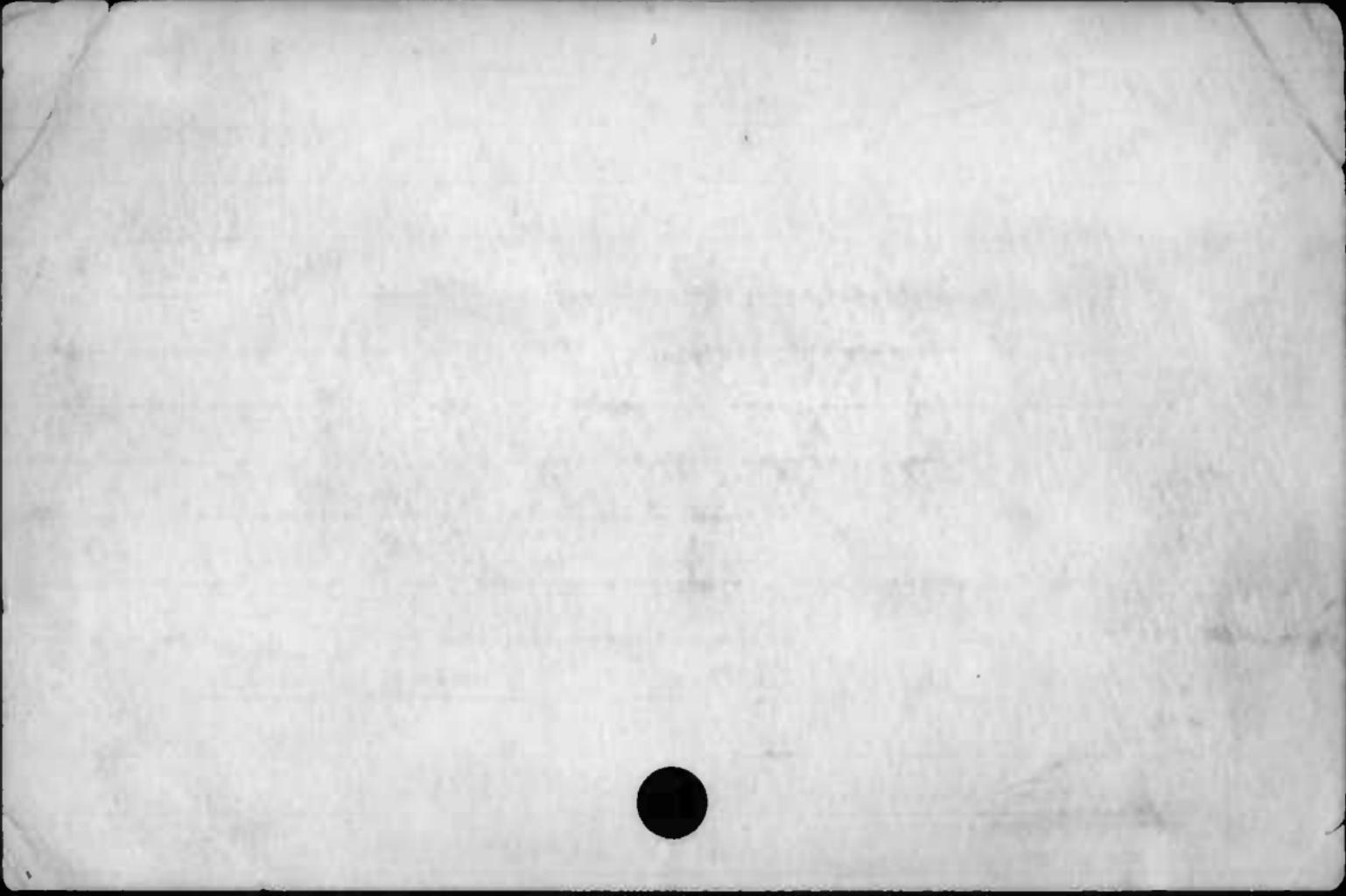
Yes

Signature of Physician

Address

Dr. R. Denton —
Stevensville Md.

Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

Geo H. Phifer

CERTIFICATE OF DEATH

Died at <u>My Seery</u>		Town	County <u>2 a a</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>20</u>	Age <u>48</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>unknown</u>					
Occupation <u>Relicar</u>	Where Residing if not at place of death <u>My Seery</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Julia Cosden</u>						
Father's Name <u>Henry Phifer</u>	Father's Birthplace <u>Winterton</u>						
Mother's Maiden Name <u>Agneta Borrellt</u>	Mother's Birthplace <u>"</u>						
Name of person giving information <u>Robt Bass</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>5 yrs.</u>
Immediate	<u>Exhaustion</u>	How long	<u>2-3 months.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. Adams</u>

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

James Emmy Pinder

CERTIFICATE OF DEATH

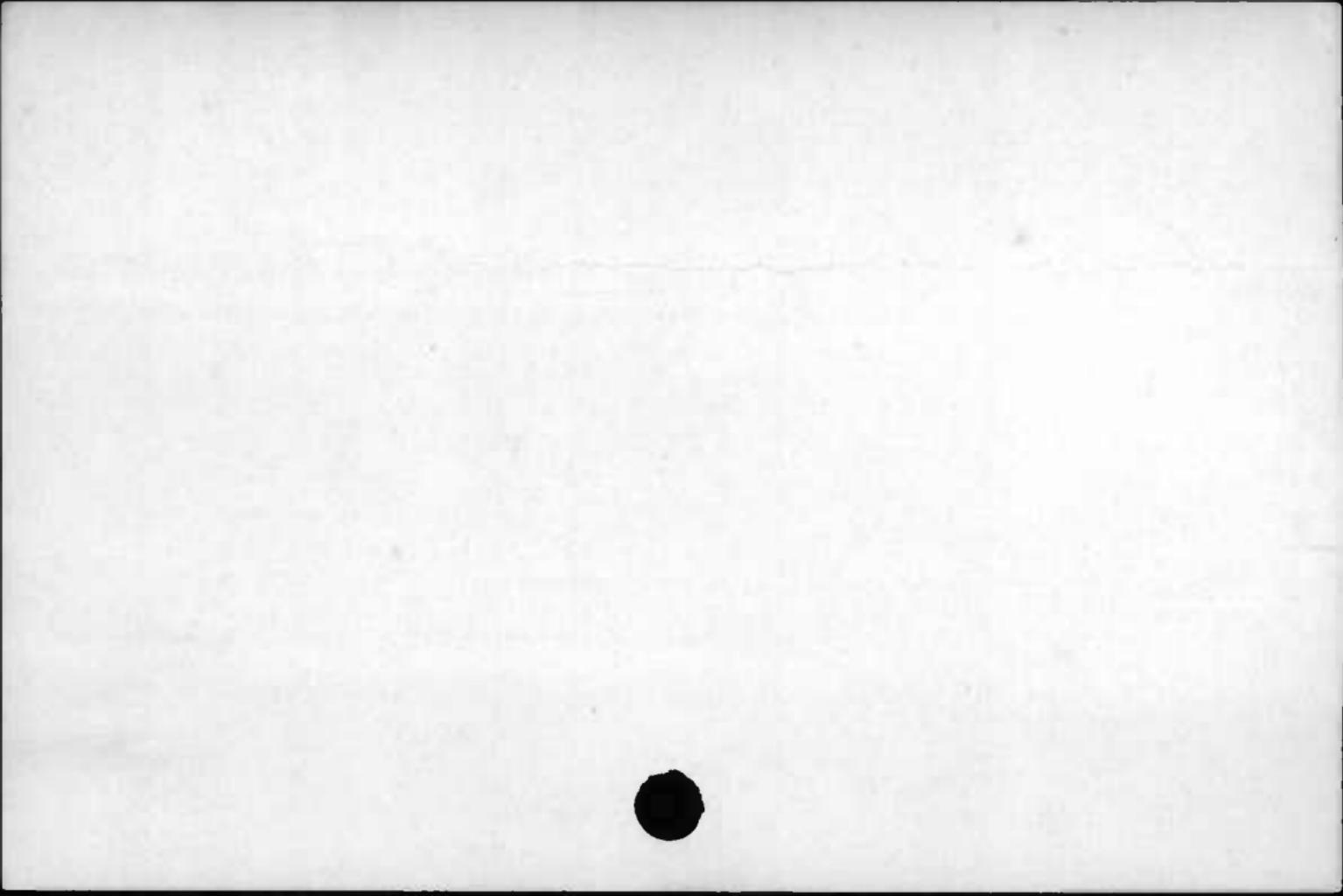
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Haven</u>		Town	County <u>New Haven</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>May</u>	Day <u>10</u>	Age <u>78</u>	Years <u>78</u>	Months <u>6 mos</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>	Birth-place <u>New Haven</u>				
Occupation <u>R.R. Messenger</u>	Where Residing if not at place of death <u>New Haven</u>					
Married, Single or Widower	Name of Wife or Husband					
Father's Name <u>Mr Pinder</u>	Father's Birthplace _____					
Mother's Maiden Name _____	Mother's Birthplace _____					
Name of person giving information <u>Lydney Pinder</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma Stomach</u>	How long <u>by months</u>
Immediate <u>General exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Howard R. Hopkins</u> Address <u>2 New Haven</u>
Accident or Suicide?	<u>M.D.</u>



Name
In
Full

Leda Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Date of death 190	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	Black	Birth- place	Stair	
Married, Single or Widowed	Occupation		none			
Name of Wife or Husband	none		none			
Father's Name	Elsie M. Price		Md.			
Mother's Maiden Name	Sarah Price		Md.			
Name of person giving Information	Father		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Absumption



How long

all life

Immediate

Paralysis

How long

all life

Are the name, age, sex, color, date
and place correctly given above?

Ys

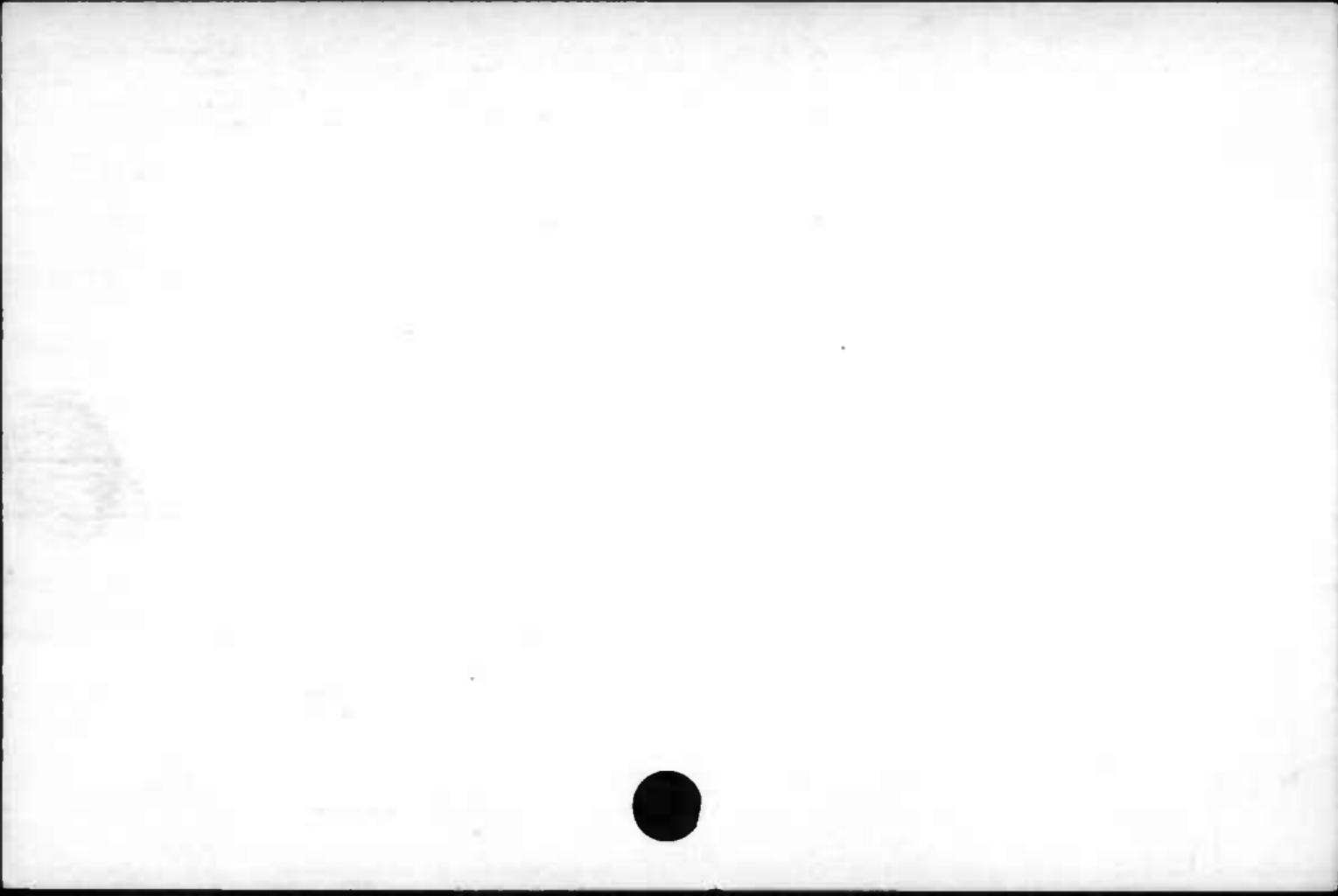
Signature of
Physician

Address

200 E. 20th St.
Outpatient

Accident or Suicide?

Murder



Name
in
Full

Neffie Letta M. Sturtevant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Centreville Town

County

MARYLAND

Date of death 1906 Month May

Day 26 Age 51 Years

Months 7 Days 14

Sex Male

Color or Race

Black

Birth-place

Centreville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

James W. Sturtevant

Father's Birthplace

Centreville

Mother's Maiden Name

Eppie Peetzel

Mother's Birthplace

MD

Name of person giving
Information

Eppie Stockler

How related
to deceased

CAUSES OF DEATH

Primary

Rickets

(14)

How long

1 mo

Immediate

Asthma

How long

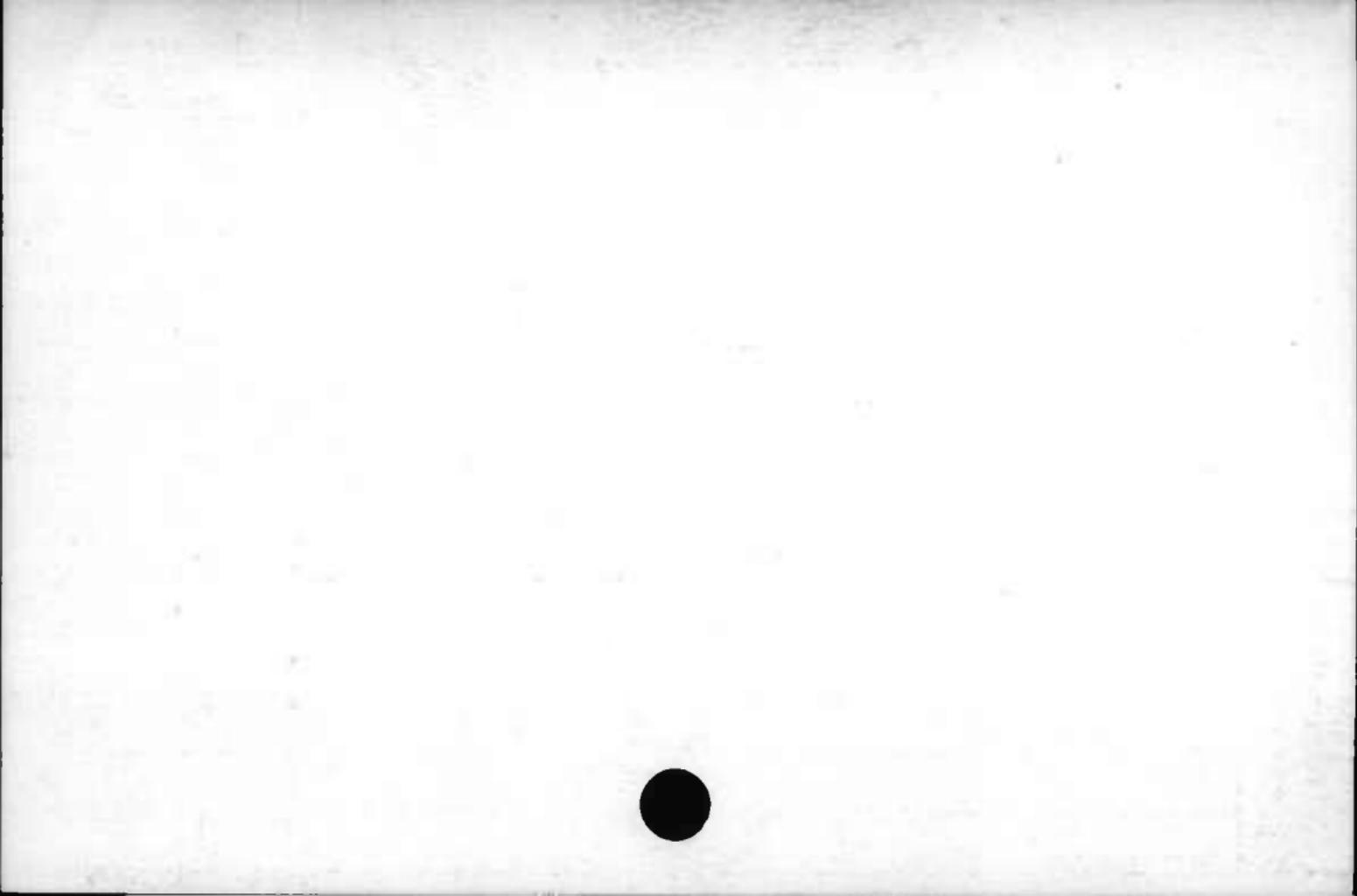
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John Fraley
Centreville
MD

Accident or Suicide?



Name
in
Full

George E Thawley

CERTIFICATE OF DEATH

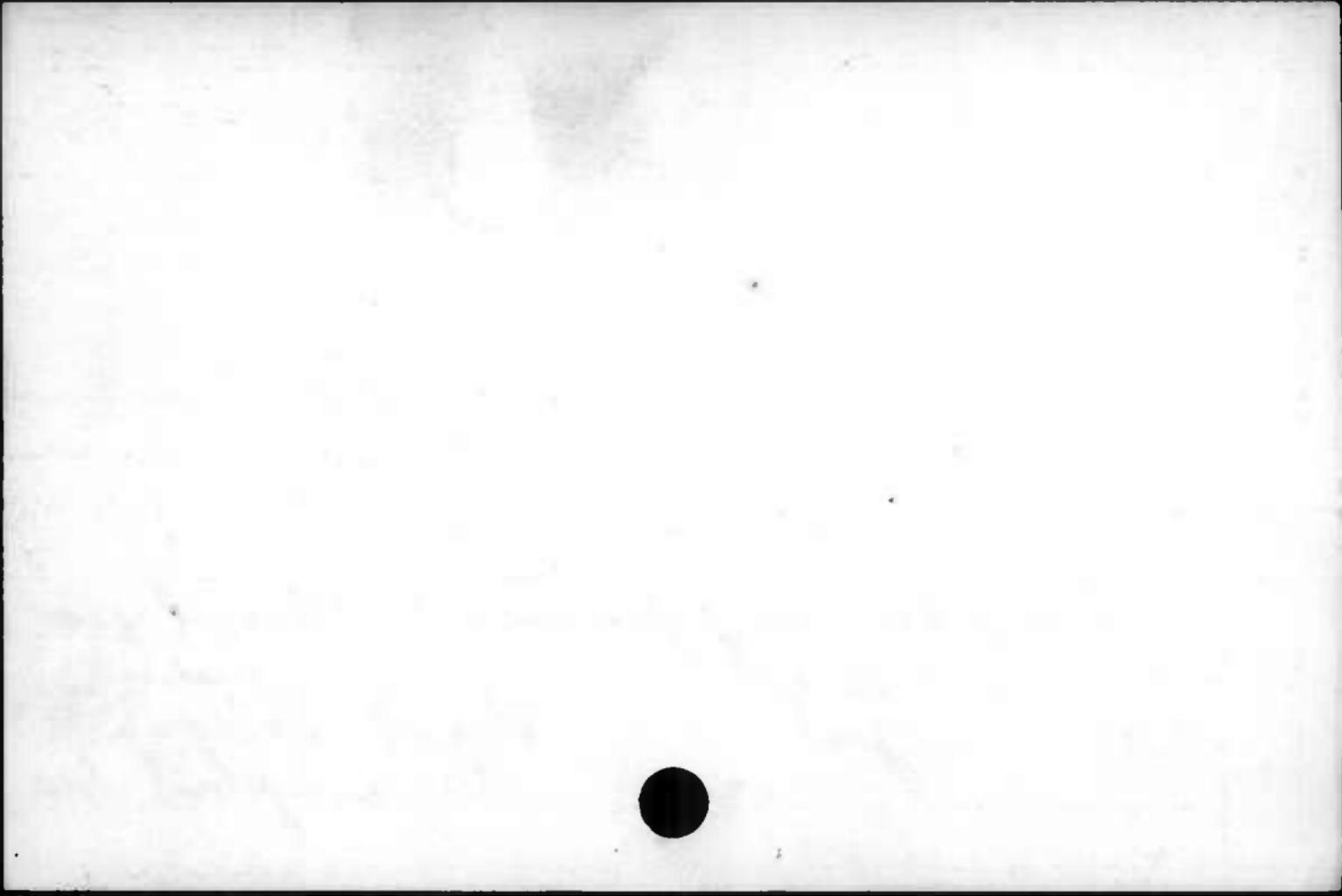
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years Ago	Months	Days		
1906	5	8	46	8	8		
Sex	Male	Color or Race	Anglo Saxon		Birth-place	Zem Amis Co.	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Isabelle Whitaker				
Father's Name	Andrew Thawley				Father's Birthplace	Caroline Co., Md.	
Mother's Maiden Name	Louise Fountain		(5)	Mother's Birthplace		4 4 4	
Name of person giving Information	Mrs Isabelle Thawley				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis - Pulmonary		How long	Many years
Immediate	Asthenia-		How long	about 2 years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jas. Bordley M.D.	
		Address	Centreville, Md.	
Accident or Suicide?				



Name
in
Full

Mary Georgianna Wallis

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	64	2	28
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Francis Adolphus Wallis.			
Father's Name	George Hayman Wilson				
Mother's Maiden Name	Henrietta Eleanor Brooke				
Name of person giving information	Mrs. F. R. Saseer				

CAUSES OF DEATH

(74)

PHYSICIAN
OR CORONER

Primary

Complication of disease

How long

Several yrs

Immediate

Abscess of brain

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. Dr. Betson Jr. M.D.
Crownsville, Md

Accident or Suicide?

Berkley Center
Catering Services
Spartan
University

52.75-
31.75-
84.50

Schaubel

John G.

" " " " my new lumber

Name
in
Full

Hancey Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Talbot Co Pray Neck		
Father's Name	Chas Wright			
Mother's Maiden Name	Unknown			
Name of person giving information	John Hadick			

CAUSES OF DEATH

(43)

PHYSICIAN
OR CORONER

Primary	Cancer of breast		How long
Immediate	General debility & exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Howard R. Hopkins
		Address	Greenbaum Md.
Accident or Suicide?			

